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35525 7590 04/09/2008

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/438,436	11/12/1999	JEFFREY MARK ACHTERMANN	AUS919990655US1	9315
TITLE OF INVENTION: APPARATUS FOR CONNECTION MANAGEMENT AND THE METHOD THEREFOR				07/09/2008 AMONDAF2 00000036 090447 09438436
01 FC:1501				1440.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	07/09/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
TODD, GREGORY G	2157	709-227000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Duke W. Yee
 Justin M. Dillon
 Wayne P. Bailey

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

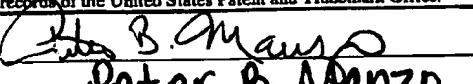
A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 00-00001 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Typed or printed name Peter B. Manzo

Date 01-03-08
 Registration No. 54,700

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Authorized Signature *Peter B. Manzo*

Typed or printed name *Peter B. Manzo*

Date *01-03-08*

Registration No. *54,700*

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